



Developmental and Behavioral Pediatrics
UMass Memorial Children's Hospital
55 Lake Avenue North
Worcester, MA 01655

Parent / Guardian: Please complete this portion before giving it to the child's school.

Student's Name: _____ Date of Birth: _____

I give my permission for the school to send information about my child to the DBP division at UMass

Parent/guardian signature: _____ Date: _____

School Questionnaire

PLEASE NOTE: Check our website for any questions: www.umassmemorial.org/DBP

*****PLEASE COMPLETE AND MAIL QUESTIONNAIRE BACK TO US WITHIN 3 MONTHS*****

Child's Name: _____ Gender: M F Age: _____ Grade: _____

Date Completed: _____ Person Completing Form: _____ Title: _____

Name of School: _____ School District: _____ State: _____

Main Teacher: _____ Email: _____

Guidance Counselor: _____ Email: _____

School Phone: _____ School Fax: _____

School Address: _____

Type of School: Public Parochial Private Specialized Private Other: _____

Is the child in Special Education? No Yes since _____ (year) Classified as: _____

How long have teachers been concerned about this student? _____

Please describe the teachers' main CONCERNS at this time: Please check if continued on last page []

Multiple horizontal lines for writing concerns.

Please comment on this student's STRENGTHS:

Multiple horizontal lines for writing strengths.

Please comment on the student's weakest areas in school:

History: Past and Current School Problems

For each of the following grades this student has completed, were any problems reported? If YES, please describe:			Academics	Behavior
Yes	No	Preschool & Kindergarten		
Yes	No	First & Second Grade		
Yes	No	Third, Fourth & Fifth Grade		
Yes	No	Middle School		
Yes	No	High School		

History: School Intervention

	Yes	No	Comments
1. Was this student in an Early Intervention Program ? Specify:			
2. Has this student ever received home-based services ? Specify:			
3. Was this student in a special preschool program or Head Start ? Specify:			
4. Has this student ever repeated a grade or subject ? If yes, which grade(s)? ____			
5. Has this student ever attended summer school ? If yes, which grade(s)? ____			
6. Has this student ever failed any competency exams (e.g. MCAS, other state testing) ? Specify:			
7. Has this child had any non-special education academic support through the school district or privately? Specify:			
8. Has this student ever needed any behavioral interventions ? Specify:			
9. Have any disciplinary actions been taken (suspension or expulsion)? Specify:			

10. Has this student ever had a 504 plan ? If yes, when did it start? ____ (Year or grade.) Is this student still on a 504 plan? Yes No N/A			
11. Has this student ever had an IEP and received special education services? If yes, when did it start? ____ (Year or grade.) Is this student still on an IEP? Yes No N/A			
12. Has this student been placed in any special classes, programs or schools ? Specify:			
13. Has this student ever had speech, occupational, or physical therapy ? Specify:			
14. Do you know if this student has ever taken any medications for attention, behavioral or emotional problems ? Specify:			
15. Have any particular programs or methodologies been necessary for this student to learn compared to other students in reading, math, or written language? Specify:			
16. Have any particular behavioral strategies been necessary with this student? Specify:			

Current Services: Please complete if IEP is not attached.

Current Services	Individual/Group Size	Minutes	Frequency	In-class/Pull-out/Other	Treatment Goals
Special Education					
Speech/Language					
OT					
PT					
Counseling					
Tutoring in school					
Other Services:					

Testing:

Name of Test (No abbreviations, please.)	Date Given	Grade/Year
Cognitive, Intelligence Testing		
Educational achievement Test		
Visual/Motor Integration Testing		

Speech/Language Testing		
Other:		

****Please attach any standardized testing, report cards, school team summaries, or IEPs available for this student. ****

Current: Behavior

Check the box that best describes this student's behavior over the past 6 months. Please check if behavior rated is: <input type="checkbox"/> On Medication <input type="checkbox"/> No Medication <input type="checkbox"/> Don't Know	Never/ Rarely 0	Some- times 1	Often 2	Very often 3
1. Fails to pay close attention to details or makes careless mistakes in schoolwork.				
2. Has difficulty sustaining attention to tasks or activities.				
3. Does not listen when spoken to directly.				
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand).				
5. Has difficulties organizing tasks and activities.				
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.				
7. Loses things necessary for tasks or activities (school assignments, pencils, books).				
8. Is easily distracted by extraneous stimuli.				
9. Is forgetful in daily activities.				
10. Fidgets with hands or feet or squirms in seat.				
11. Leaves seat in classroom or other situations when remaining seated is expected.				
12. Runs about or climbs excessively when remaining seated is expected.				
13. Has difficulty playing or engaging in leisure activities quietly.				
14. Is "on the go" or acts as if "driven by a motor."				
15. Talks excessively.				
16. Blurts out answers before questions have been completed.				
17. Has difficulty waiting in line.				
18. Interrupts or intrudes on others (e.g., butts into conversations or games).				
19. Loses temper.				
20. Actively defies or refuses to comply with adult's request or rules.				
21. Is angry or resentful.				
22. Is spiteful and vindictive.				
23. Bullies, threatens, or scares others.				
24. Initiates physical fights.				
25. Lies to obtain goods or favors, or to avoid obligations (e.g., "cons" others).				
26. Is physically cruel to people.				

27. Has stolen items of nontrivial value.				
28. Deliberately destroys others' property.				
(OFFICE USE ONLY) 1--9: ____/9 IA: ≥6/9 10--18: ____/9 HI: ≥6/9 19--28: ____/10 ODD/CD: ≥3/10 29-35: ____/7 AD≥3/7				

Check the box that best describes the student's behavior over the past 6 months. If the student is currently taking medication, please rate the student's behavior <i>NOT</i> on medication.	Never Rarely 0	Some times 1	Often 2	Very often 3
29. Is fearful, anxious, or worried.				
30. Is self-conscious or easily embarrassed.				
31. Is afraid to try new things for fear of making mistakes.				
32. Feels worthless or inferior.				
33. Blames self for problems, feels guilty.				
34. Feels lonely, unwanted or unloved; complains that "no one loves me."				
35. Is sad, unhappy, or depressed.				
36. Has said things like "I wish I were dead" or has tried to hurt self.				
37. Has distinct periods where mood is unusually irritable OR unusually good, cheerful, or high which is clearly excessive or different from normal mood.				
38. Seems to have compulsions (repetitive behaviors that this student seems driven to carry out, such as repeated hand washing, counting, or erasing until holes appear).				
39. Seems to have obsessions (persistent or repetitive thoughts that distress this student, such as worry about germs or doors left unlocked).				
40. Has prolonged temper tantrums (greater than 20-30 minutes).				
41. Hears voices telling the student to do bad things.				
42. Seems unaware of others existence, is uninterested in interacting with others.				
43. Has odd, eccentric or unusual preoccupations (e.g., clothing items, toys, neatness) or has to do things a certain way.				
44. Appears uninterested in activities students his or her age usually like or participate in.				
45. Misses school/excessive absence or tardiness.				
46. Is hungry or appears hungry.				
47. Is tired or appears tired.				
48. Is poorly groomed.				
49. Complains about events at home.				
50. Describes problems in family life.				

51. Is there **anything else that would be helpful** for us to know about the student or family situation?

Specify:

History: Learning Problems

We are interested in whether this student has learning problems **above and beyond** what would be expected for age.

Check the box that best describes the student's learning problems over the past 6 months.	Never Rarely 0	Some- times 1	Often 2	Very often 3
1. Has trouble learning new material in an appropriate time frame for age.				
2. Unable to tell time , days of the week, months of the year.				
3. Can't repeat information .				
4. Knows material one day; doesn't know it the next .				
5. Has trouble keeping several different things in mind while working.				
6. Has trouble following multi-step directions .				
7. Rushes through work .				
8. Works too slowly .				
9. Says things that have little or no connection to what others are discussing.				
10. Depends on teacher for repetition of task instructions .				
11. Has difficulty copying written material from blackboard.				
12. Difficulty orienting self (i.e., gets lost, can't find way).				
13. Has poor spatial judgment and often bumps into things.				
14. Confuses directionality (up/down, left/right, over/under).				
15. Has poor spatial organization on paper (difficulty staying in lines, maintaining space between words, staying within page margins).				
16. Mixes up capital and lower case letters when writing.				
17. Reverses letters and numbers .				
18. Has trouble expressing words or events in correct order .				
19. Often mispronounces known or familiar words.				
20. Has trouble verbally expressing thoughts .				
21. Has difficulty distinguishing long vowel sounds and short vowel sounds .				
22. Has trouble expressing thoughts in writing .				
23. Can do math computation but has trouble with word problems .				

24. Has difficulty learning math facts and common number patterns.				
25. Displays poor word attack skills (can't sound out words).				
26. Puts wrong number of letters in words .				
27. Confuses consonant sounds , for example: d-b, d-t, m-n, p-b, f-v, s-z.				
28. Unable to keep place on page when reading.				
29. Reads slowly .				
30. Doesn't comprehend what he/she reads.				

Current: Classroom Behavior

Please circle the appropriate number:	Above Average		Average	Below Average	
1. Understanding verbal instructions	1	2	3	4	5
2. Classroom assignment completion	1	2	3	4	5
3. Organizational skills	1	2	3	4	5
4. Getting homework to and from school	1	2	3	4	5
5. Homework completion	1	2	3	4	5
6. Relationship with peers	1	2	3	4	5
7. Following directions	1	2	3	4	5
8. Disrupting class	1	2	3	4	5
9. Verbal participation in class	1	2	3	4	5
10. Consideration of others.	1	2	3	4	5
11. Effort (e.g., tries his/her best)	1	2	3	4	5
12. Ability to recover easily from disappointments	1	2	3	4	5
13. Cognitive ability	1	2	3	4	5
14. Emotional maturity	1	2	3	4	5
15. Behavior in less-supervised situations (recess, lunchroom, playground)	1	2	3	4	5
16. Motivation to learn	1	2	3	4	5

Current: School Performance

Please circle the appropriate number:	Exceeds Standards		Meets Standards	Below Standards	
1. Reading decoding	1	2	3	4	5
2. Reading comprehension	1	2	3	4	5
3. Reading rate/fluency	1	2	3	4	5
4. Spelling accuracy	1	2	3	4	5
5. Mathematics concepts	1	2	3	4	5
6. Mathematics computation	1	2	3	4	5
7. Handwriting	1	2	3	4	5
8. Writing rate	1	2	3	4	5
9. Punctuation/grammar	1	2	3	4	5
10. Ability to express thoughts through writing	1	2	3	4	5
11. Gross motor skills	1	2	3	4	5
12. Fine motor skills (using pencil & scissors)	1	2	3	4	5

Current: Summary

Please summarize this student's OVERALL functioning (i.e., emotionally, behaviorally, socially, academically, etc.) by choosing ONE number below. Compare this student's functioning in 2 settings—at school and with peers—to “average students” his/her age who you are familiar with. Please circle <u>only one</u> number.	
1	Excellent functioning / No impairment in settings.
2	Good functioning / Rarely shows impairment in settings.
3	Mild difficulty in functioning / Sometimes shows impairment in settings.
4	Moderate difficulty in functioning / Usually shows impairment in settings.
5	Severe difficulties in functioning / Most of the time shows impairment in settings.
6	Needs considerable supervision in all settings to prevent from hurting self or others.
7	Needs 24-hour care and supervision because of severe behavior or gross impairment(s).

